

## Insurance Benefit Verification

To obtain your current insurance benefit information call the number specified for "Customer". This is usually located on the back side of your insurance card.

You will need to provide your policy number, date of birth, and other personally identifying information.

When determining your mental health benefits, this form will guide the conversation with your insurance provider's customer benefits representative.

If there are any questions or terms you do not understand please ask the representative to explain.

Benefits Conversation Guide	
Name of Representative _____	Date _____
Confirm your policy's Start Date _____ End Date _____	
1. a. Does my health insurance plan include mental health benefits? YES <input type="checkbox"/> NO <input type="checkbox"/> If <i>no</i> , close the call. b. If <i>yes</i> , are there any limitations on mental health conditions (for example, is care limited to treatment of substance abuse?) YES <input type="checkbox"/> NO <input type="checkbox"/> c. If <i>yes</i> , what are the limits? _____	
2. a. Do I have a deductible? YES <input type="checkbox"/> NO <input type="checkbox"/> (if no, go to next question) b. If <i>yes</i> , what is it? Individual \$_____ Family \$_____ c. Have I met it yet? <input type="checkbox"/> YES <input type="checkbox"/> NO d. If <i>no</i> , how much has been met? Individual \$_____ Family \$_____	
3. a. Do I have a co-pay or coinsurance fee? YES <input type="checkbox"/> NO <input type="checkbox"/> (if <i>no</i> , go to next question) b. If <i>yes</i> , what is it? Co-pay \$_____ Co-insurance _____%	
4. a. Does my plan limit how many sessions per calendar year I can have? YES <input type="checkbox"/> NO <input type="checkbox"/> (if <i>no</i> , go to next question) b. If <i>yes</i> , what is the limit? _____	
5. Do I need written approval from my primary care physician for services to be covered? YES <input type="checkbox"/> NO <input type="checkbox"/>	
6. Is my plan a HMO (Health Maintenance Organization) or a PPO (Preferred Provider Organization)? HMO <input type="checkbox"/> PPO <input type="checkbox"/> <i>(Note: Coverage under an HMO limits coverage to services provided by practitioners who are "in-network". A PPO does not restrict your access to out-of-network practitioners.)</i>	
7. Is there any additional information pertaining to my policy I need to know before using my benefits?	

Please share this information with your therapist on your first visit.

